

To protect any credit card information you provide, this portion of the application will be detached and shredded after data entry.

CHARGE CREDIT CARD FOR FEE. Complete this section ONLY if paying the fee with a MasterCard or Visa

<input type="checkbox"/> MasterCard or <input type="checkbox"/> Visa # _____ Security Code# _____ (3 Digit number on the back of the card) Expiration Date _____	
Cardholder's Name (as it appears on card)	Cardholder's <i>billing address</i> for this credit card
By my signature I agree to pay the license fees for this application to the Texas Racing Commission according to my cardholder agreement.	
Cardholder's Signature	Date Signed



Texas Racing Commission

8505 Cross Park Drive, #110 Austin, TX 78754-4552
Phone (512) 833-6699 Fax (512) 833-6907
www.txrc.texas.gov

LICENSE #

AUTHORIZED AGENT APPOINTMENT

YOU ARE ENTITLED TO KNOW ABOUT THE INFORMATION THAT THE TEXAS RACING COMMISSION COLLECTS ABOUT YOU, RECEIVE AND REVIEW THE INFORMATION, AND HAVE ANY INCORRECT INFORMATION CORRECTED.

OFFICE USE ONLY

PROCESSED BY: _____	DATE PROCESSED: _____	LICENSE FEE: \$15.00	Check # _____ <input type="checkbox"/> MO <input type="checkbox"/> MC <input type="checkbox"/> VISA
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Answer all questions completely. A separate form must be filed for each appointment.

Sec. 311.108. Authorized Agent. (a) To be appointed an authorized agent, an individual must be at least 18 years old and licensed as an individual owner, stable foreman, assistant trainer, or a trainer.

Principal's Name (Owner or Trainer)	Principal's License #
Authorized Agent's Name	Authorized Agent's License #

If the Authorized Agent for an Owner is a Stable Foreman or Assistant Trainer, the Trainer must sign below.

Trainer's Name	Trainer's License #	Trainer's Signature
Type of Entity(Check): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Syndicate <input type="checkbox"/> Other: _____		
If entity is Partnership, Corporation, Syndicate or Other, list its TXRC License # _____ and full name _____		

1. Agent may claim horses in my name. ☐ Yes ☐ No
2. Agent may sell or transfer horses without my written consent. ☐ Yes ☐ No
3. Agent may receive and endorse checks made payable to me. ☐ Yes ☐ No
4. Agent may direct the transfer of money in my account. ☐ Yes ☐ No
5. Agent may have checks made payable to himself/herself from my account. ☐ Yes ☐ No

ACKNOWLEDGEMENT

I hereby appoint the person indicated above and authorize him or her to act on my behalf in racing matters not directly related to the care and training of horses. I assume full responsibility for the acts of my Authorized Agent in connection with this appointment. I understand that this appointment may be terminated at any time by either party by executing the appointment termination below.

Principal's Signature (Owner or Trainer) X	Date Signed
TxRC Signature	Date Signed
Authorized Agent's Signature X	Date Signed
TxRC Signature	Date Signed



TERMINATION OF APPOINTMENT



I hereby terminate my relationship listed above (complete principal and agent information) effective _____.

Principal's Signature X	Date Signed
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